

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107534242**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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41						
42						
43						
44						
45						
46			1			
47				1		
48				1		
49				8		
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		4	←		←
TOTAL CLAIMS			5			

BEST AVAILABLE COPY

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				0		
53				0		
54				0		
55				0		
56				1		
57				1		
58				0		
59				0		
60				0		
61				0		
62				1		
63				0		
64				1		
65				1		
66				1		
67				1		
68				0		
69				0		
70				0		
71			1	1		
72				1		
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99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		21	←		←
TOTAL CLAIMS			22			